PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

5150-47800

CLAIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			5					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			5 minus 20=		•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		•			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270≐	
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2		TOTAL		OR	TOTAL	710
	CI	MENDED	ENDED - PART		rıı		•		l	OTHER		
		(Column 1)		(Colui		(Column 3)		SMALL E		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DE	PENDEN	TCLAIM]	+135=		OR	+270=	
								TOTAL ADDIT. FEE		00	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)										AUUII. FEE	
Г		CLAIMS		HIG	IEST		٦.		ADDI-	1	<u> </u>	ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREV	MBER OUSLY FOR	PRESENT		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total .	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		<u> -</u>	4	X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	TCLAIM		1	+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Coli	ımn 2)	(Column 3	0	ADDIT. PEE		•	ADDIT: TEE	
AMENDMENT C		CLAIMS		HIG	HEST		1		ADDI-	1		ADDI-
		REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		=	1	X\$ 9=	,	OR	X\$18=	
	Independent	•	Minus	***]=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDEN				IT CLAIM		J		 	1		
	If the enter in ani-	ıma 1 ie lees then	the entry in co	lumn 2 wr	ite "O" in o	olumn 3		+135= TOTAL		OR	+270= TOTAL	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Nur	mber Previously Pa	aid For" (Total	or Indepen	dent) is th	e highest numl	ber fo	ound in the ap	propriate bo	x in c	olumn 1.	